Г			一	VA TO	AL	ABIF C	AB	* >	<u>-</u>				
RATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									iplication or Docket Number				
CLAIMS AS FILED - PART I											1092		
-			(Column 1) (Column 2)						ENTITY	OF	OTHE	R THAN ENTITY	
TOTAL CLAIMS			16	16				RATE	FEE	٦¨	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE	E 355.0		BASIC FE		
TOTAL CHARGEABLE CLAIMS			10 m	Ø minus 20=				X\$ 9=	 		Vana	1	
INDEPENDENT CLAIMS			2 minus 3 =		•				┼	OF	-	 	
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT			X40		X40=	 		X80=	ļ	
* If the difference in column 1 is less than zero, enter *0* in column 2							L	+135=		OR	+270=		
								TOTAL	45	OR	TOTAL		
	8 26 DI CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER OUSLY	PRESENT ÉXTRA	Г	RATE	ADDI- TIONAL	7	RATE	ADDI- TIONAL	
	Total	- L	Minus	PAID	FOR _		X\$ 9=	V\$ 0-	FEE	1	X\$18=	FEE	
	Independent	• 3	Minus	3	3	-/			-	OR		<u> </u>	
4	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			X40=		OR	X80=	 	
					•		1	135≖		OR	+270=		
								TOTAL DIT. FEE		OR	YOTAL ADDIT, FEE		
-					_								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	16	Minus	- 2	D	= 0	×	(\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEI	PENDENT	CLAIM			(40=		OR	X80=		
T							1	135=		OR	+270=		
TOYAL ADDIT. FEE										OR	YOTAL ADDIT. FEE		
_		(Cotumn 1) (Cotumn 2) (Cotumn 3)									-		
AMENDMENTC		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID R	R ISLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			X5	9=	FEE		X\$18=	FEE	
			Minus	•••		=	-			OR		· · · ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		OR	X80=		
. 11	the entry in colum	nn 1 is less than th	anthy in sohe	na 2 write ~	r in			35=		OR	+270=		
	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai	id For IN THIS id For IN THIS	SPACE IS IN	ess than	20, enter "20."	ADDIT	T. FEE			TOTAL DOIT FEE		
T	he "Highest Numb	ber Previously Paid	For (Total or	independent) is the t	v, oras 3. Vighest number t	ni bnuo	the appr	opriate box	in colu	mn 1.		

FORM PTO-675 (Rev. 8/00)